**Faculty of Health Sciences**

**Elective Office**



University of Cape Town| Faculty of Health Sciences | Anzio Road |Observatory | 7925 | Cape Town Telephone: +27 21 406-6478 | e-mail: [elective.healthsciences@uct.ac.za](mailto:elective.healthsciences@uct.ac.za)

[www.ceuhealth.uct.ac.za](http://www.ceuhealth.uct.ac.za)

**APPLICATION FORM**

Please complete and return your registration form to [elective.healthsciences@uct.ac.za](mailto:elective.healthsciences@uct.ac.za)

# SECTION A: TO BE COMPLETED BY APPLICANT

|  |  |
| --- | --- |
| Title *(e.g.: Dr / Mr / Mrs / Miss)*: | |
| First Names: | Surname: |
| Passport Number: | Date of Birth: |
| Address for correspondence: | |
| E-mail address: | Nationality: |
| Name and address of the University which you attend: | |
| How Many years are you required to study before you qualify? | |
| Month and year of your expected graduation: | |
| In which of those years do you undergo Clinical Training? | |
| **PLEASE NOTE THAT THE UNIVERSITY OF CAPE TOWN ACCEPTS VISITING STUDENTS ONLY IF THEY ARE IN THEIR FINAL OR SEMI-FINAL YEAR OF CLINICAL TRAINING.** | |
| Are you in your final/semi-final year of clinical training? | |

# SECTION B: TO BE COMPLETED BY YOUR UNIVERSITY

|  |
| --- |
| I confirm that the information given above is correct.  Title, name and position of University Official: Signature:  UNIVERSITY SEAL (above) |

**SECTION C: TO BE COMPLETE BY APPLICANT**

|  |  |
| --- | --- |
| In which department and hospital do you wish to undertake your elective? | |
| First choice: | Second Choice: |
| Do you wish to do folder research, clinical research (work with patients) or observation? | |
| Please specify exact dates of your proposed elective: | |
| Alternate dates: | |
| PLEASE CONFIRM THAT YOU UNDERSTAND AND ACCEPT THE FEES CHARGED BY THE UNIVERSITY OF CAPE TOWN FOR AN ELECTIVE AND THAT YOU AGREE TO PAY THESE FEES 4 MONTHS BEFORE YOUR ARRIVAL AT UCT. | |

## Terms & Conditions

|  |
| --- |
| Without prejudice to the terms of any application for admission which I may have made, I agree to abide by the rules of the University. I hold myself responsible for the payment of all fees and other charges due and payable by me to the University. The information given on this form is complete and accurate.  I hereby irrevocably waive all claims against the University for any damages or loss suffered while I am or as a consequence of my being a UCT student and arising out of:  i) Death, bodily injury, loss of health or illness to me or any other person and  ii) Loss or destruction of or damage to any property, belonging to me or any other person;  However, such damages or loss is caused, including but not limited, through the negligence of the University or any such official, employee or representative of the University, I or my estate hereby indemnifies the \university against any claim by any person arising in any way as contemplated above or in respect of my own negligent or willful acts or omissions.  **I have read and accept these terms and conditions.**  **Signature**: **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |